ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Birch

3. Date  
18-October-2018

4. Are you the corresponding author?  
✔ Yes  ☐ No

5. Manuscript Title  
Reconciliation of the Anderson-Green Growth Remaining Graphs and the White-Menelaus Predictions of Growth Remaining in the Distal Femur and Proximal Tibia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
✔ Yes  ☐ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
✔ Yes  ☐ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
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<tr>
<td>Orthofix</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>Royalties from sales of a circular external fixator</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
✔ Yes  ☐ No
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Reviewer for the Journal of Bone and Joint Surgery

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Birch reports other from Orthofix, outside the submitted work; and Reviewer for the Journal of Bone and Joint Surgery.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chan-Hee
2. Surname (Last Name) Jo
3. Date 23-January-2019
4. Are you the corresponding author? ☑ No
Corresponding Author’s Name
John G Birch, MD
5. Manuscript Title
Comparison of the Anderson-Green Growth Remaining Graphs and the White-Menelaus Predictions of Growth Remaining in the Distal Femur and Proximal Tibia
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01226

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Are there any relevant conflicts of interest? ☑ No

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Dr. Jo has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Marina

2. Surname (Last Name)  
   Makarov

3. Date  
   23-January-2019

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Comparison of the Anderson-Green Growth Remaining Graphs and the White-Menelaus Predictions of Growth Remaining in the Distal Femur and Proximal Tibia

6. Manuscript Identifying Number (if you know it)  
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Dr. Makarov has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Taylor

2. Surname (Last Name)  
   Jackson

3. Date  
   19-October-2018

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  

Corresponding Author’s Name  
John Birch, MD

5. Manuscript Title  
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Dr. Jackson has nothing to disclose.

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